Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Divisional

Title:: EXPANDABLE BODY CAVITY LINER

DEVICE

Attorney Docket Number:: \$13.12-0147

Request for Non-Publication?:: No
Suggested Drawing Figure:: 7C
Total Drawing Sheets:: 10
Small Entity?:: No

Petition included?:: No

Petition Type::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Clifford

Family Name:: Teoh

Name Suffix::

City of Residence:: Los Altos State or Province of Residence:: California

Country of Residence:: US

Street of Mailing address:: 1723 Juarez Avenue

City of Mailing address:: Los Altos

State of Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code:: 94024

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Joseph C.

Family Name:: Eder

Name Suffix::

City of Residence:: Los Altos Hills

State or Province of Residence:: California

Country of Residence:: US

Street of Mailing address:: 23423 Toyonta Road

City of Mailing address:: Los Altos Hills

State of Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code:: 94024

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Michael P.

Family Name:: Wallace

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: California

Country of Residence:: US

Street of Mailing address:: 43389 Jerome Avenue

City of Mailing address:: Fremont

State of Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code:: 94539

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Stephen C.

Family Name:: Porter

Name Suffix::

City of Residence:: Fremont
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing address:: 247 Felicio Common

City of Mailing address:: Fremont
State of Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code:: 94536

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: David C. Family Name:: Barry

Name Suffix::

City of Residence:: Fremont
State or Province of Residence:: California

Country of Residence:: US

Street of Mailing address:: 37628 Canterbury Street

City of Mailing address:: Fremont State of Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code:: 94536

Correspondence Information

Name:: Christopher L. Holt

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number:: 612/334-3222

Fax number::

612/334-3212

E-Mail address::

cholt@wck.com

Representative Information

Representative	Registration	Representative Name:		
Designation::	Number::			
Primary	20147	Nickolas E. Westman		
Primary	34797	Judson K. Champlin		
Primary	34847	Joseph R. Kelly		
Primary	36188	Steven M. Koehler		
Primary	34557	David D. Brush		
Primary	38354	John D. Veldhuis-Kroeze		
Primary	39758	Theodore M. Magee		
Primary	35612	Deirdre Megley Kvale		
Primary	42413	Christopher R. Christenson		
Primary	41885	Brian D. Kaul		
Primary	45466	Nathan M. Rau		
Primary	45844	Christopher L. Holt		
Primary	45956	Alan G. Rego		
Primary	48516	Todd R. Fronek		
Primary	49027	Linda P. Ji		
Primary	53675	Leanne R. Taveggia		
Primary	24383	Robert M. Angus		
Primary	32015	David C. Bohn		

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

This application	Division of	09/918,991	MM/DD/YY
			07/31/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name::

Scimed Life Systems, Inc.

Street of mailing address::

One Scimed Place

City of mailing address::

Maple Grove

State or Province of mailing address:: MN

Country of mailing address::

US

Postal or Zip Code of mailing address:: 55311